

The hampden hippocrat

NOVEMBER 1971





HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
SPRINGFIELD, MASS. 01109

Telephone: 736-0661

VIVIAN M. PURDY, *Executive Secretary*

OFFICERS

JOHN J. BANDEIAN, M.D.	.....	<i>President</i>
ROBERT N. LAMARCHE, M.D.	.....	<i>Vice President and President Elect</i>
SETRAG A. ZACARIAN, M.D.	.....	<i>Secretary</i>
PAUL T. MOORE, M.D.	.....	<i>Treasurer</i>
ROCCO A. VERRILLI, M.D.	.....	<i>Assistant Secretary</i>

EXECUTIVE AND GRIEVANCE COMMITTEES

JOHN J. BANDEIAN, M.D.	.....	<i>Ex-officio</i>	JOHN W. TURNER, M.D.
ROBERT N. LAMARCHE, M.D.	.....	<i>Ex-officio</i>	PAUL T. MOORE, M.D.
SETRAG A. ZACARIAN, M.D.	.....	<i>Ex-officio</i>	BERNARD N. GILCHRIEST, M.D.
WILLIAM J. CUMMINGS, M.D.	.....	1972	SHELDON S. GOLDBERG, M.D.
JAMES D. FISHER, M.D.	.....	1973	JOHN E. MCHUGH, M.D.
JOHN J. BURKE, M.D.	.....	1974	WILLIAM E. SHEEHAN, M.D.

CHAIRMEN OF COMMITTEES

HOWARD N. SIMPSON, M.D.	.....	<i>Auditing</i>
JOSEPH R. KELLY, M.D.	.....	<i>Blue Shield District Professional Service</i>
HARRY N. MEMERY, M.D.	.....	<i>By-laws</i>
MALCOLM S. ALLAN, M.D.	.....	<i>Censors</i>
ALFONSO A. PALERMO, M.D.	.....	<i>Commissioner of Trial</i>
FREDERICK C. SCHWENDENMANN, M.D.	.....	<i>Disaster Medical Care</i>
HOWARD N. SIMPSON, M.D.	.....	<i>Foundations for Medical Care</i>
RICHARD C. HIRSCHHORN, M.D.	.....	<i>Insurance, Labor Relations, and Industrial Accidents</i>
ROBERT N. LAMARCHE, M.D.	.....	<i>Interhospital and Community Health Planning</i>
JAMES D. ALLAN, M.D.	.....	<i>Legislative</i>
AGOSTINO NATALE, M.D.	.....	<i>Malpractice and Medico-Legal Affairs</i>
AUGUSTO G. ASINAS, M.D.	.....	<i>Medical-Religious</i>
H. BERNARD TILLMAN, M.D.	.....	<i>Members' Insurance Programs</i>
STANLEY D. RAPINCHUK, M.D.	.....	<i>Mental Health</i>
JOHN E. YELLE, M.D.	.....	<i>Nominating</i>
FRANK G. MILLS, M.D.	.....	<i>Nursing Home Comm.</i>
BRUCE B. STOLER, M.D.	.....	<i>Peer Review Comm.</i>
JOHN J. ZADWORN, M.D.	.....	<i>Public Health</i>
BERNARD N. GILCHRIEST, M.D.	.....	<i>Public Relations</i>
JOHN J. BANDEIAN, M.D. AND ROBERT N. LAMARCHE, M.D.	.....	<i>Representatives to Community Council</i>
BERNARD BLOOM, M.D.	.....	<i>Scholarship</i>
BRUCE B. STOLER, M.D.	.....	<i>Tax-Supported Medical Care</i>
CARLO Q. MONTORI, M.D.	.....	<i>Woman's Auxiliary</i>

COUNCILORS TO THE MMS

JOHN C. AYRES, M.D.	.....	<i>Executive Councilor</i>
JAMES D. ALLAN, M.D.	.....	<i>Alternate to the Executive Councilor</i>
MALCOLM S. ALLAN, M.D.		GARRY DEN. HOUGH, III, M.D.
AUGUSTINO G. ASINAS, M.D.		ALLEN S. JOHNSON, M.D.
JOHN J. BANDEIAN, M.D.		JOSEPH R. KELLY, M.D.
BERNARD BLOOM, M.D.		ROBERT N. LAMARCHE, M.D.
MAURICE J. BOIVIN, M.D.		PAUL T. MOORE, M.D.
GARDNER COX, II, M.D.		WALTER S. MOZDEN, M.D.
LOUIS F. DEROSE, M.D.		VICTOR PANITCH, M.D.
ELMER F. FRANSEN, M.D.		WALTON E. STEVENS, M.D.
JAMES J. GALLAGHER, M.D.		JOSEPH R. STIRLACCI, M.D.
BERNARD N. GILCHRIEST, M.D.		BRUCE B. STOLER, M.D.
DONALD R. HAYES, M.D.		SETRAG A. ZACARIAN, M.D.



VOL. XXVII, NO. 9

NOVEMBER 1971

CONTENTS

A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Edward
P. Bagg, Jr., M.D. and William
A. R. Chapin, M.D.

BOARD OF EDITORS

MAX MILLMAN, M.D.
Editor-Emeritus

JOHN C. AYRES, M.D.
Editor-in-Chief

H. BERNARD TILLMAN, M.D.
Assistant Editor

ASSOCIATE EDITORS

ROBERT M. ABRAMS, M.D.
OLIVE A. COOPER, M.D.
FRANK G. MILLS, M.D.
WALTER S. MOZDEN, M.D.
WILLIAM E. NESSELL, M.D.
ROLAND F. STEBBINS, M.D.
WALTON E. STEVENS, M.D.
SETRAG A. ZACARIAN, M.D.
JOHN J. ZADWORN, M.D.

JOSEPH B. GREENSPAN, M.D.
Secretary and Business Mgr.

MRS. ARTHUR WILLARD
Advertising Director

EDITORIAL	
WE MUST OVERCOME	4
HDMS OCTOBER MEETING HIGHLIGHTS	6
PRESIDENT'S PAGE	
OUR ANSWER	8
THE MONROE PLAN	10
FROM PROMISE TO PRACTICALITY	17
MMS COUNCIL MEETING HIGHLIGHTS	20
HDMS EXECUTIVE COMMITTEE	25
HAMPDEN CAPSULES	28
CORRESPONDENCE	29

THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 1414 State Street, Springfield, Mass. 01109.

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105.

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass. 01108; telephone: 733-5336.

To be assured of uninterrupted delivery of **The Hampden Hippocrat**, notify us in advance of an address change and include your ZIP CODE number.



WE MUST OVERCOME!

There seems to be a hue and a cry throughout our land today for more and better health services equitably distributed to all but within available resources. Almost as a corollary, it is further claimed that all this can be easily brought about by restructuring the delivery system to gain greater organizational efficiency with more effective utilization, quality, and cost controls.

CONTROLS

All proposals for national health insurance lately not only contain provisions for financing each scheme but also propose a variety of instruments for control. These instruments vary in name and in composition, but more important, they all seem to have one consistent feature — the intent to by-pass the practicing physician. Control of utilization, quality, and costs must reside within the hands of the medical profession. Should these controls fall into the hands of others — politicians, bureaucrats, self-styled experts from such varied fields as law, economics, sociology, planners (wherever their roots of expertise derive from) as well as opportunistic consumer protagonists and the like, we physicians will become nothing but puppets manipulated in accordance with the whims of demagogic puppeteers.

We do not have to go too far back in our memory to recall what happened to our colleagues in “la belle provence” of Quebec last year. Moreover, look how we are being intentionally snubbed in the latest fad called comprehensive health planning. Bureaucrats no longer need physicians to plan, organize, and direct various health programs. Look at the mess of Medicaid and Medicare! Closer to home, Blue Cross has in no uncertain terms proclaimed that henceforth it is a champion of the consumer — whatever the definition of the latter is. Providers of health services must comply to policies set by the corporation, and the theme of same is being composed by the marketing and sales staff with overtones provided by the Social Security Administration and other various arms of the Department of Health, Education and Welfare.

Blue Shield has not yet openly gone that far yet, but the game plan evolving seems to be the same. The directorate and administrative staff seem to be dodging and stalling, but yet inevitably leaning precipitously to the lorelei call of “big brother” in the name of consumerism. It seems as though the empire must be protected against the robber barons who are seeking to aggrandize themselves at the expense of the peasants. All efforts by physicians to retain some control of Blue Shield are merely a most frustrating exercise in futility.

THE FOUNDATION

One could go on for pages citing examples wherein control in matters pertaining to health are being wrested away from physicians. However, let us get back to what consumers are purportedly demanding, if we are to believe their spokesmen, namely, more and better health services equitably distributed at a reasonable and predictable cost through efficient organization and appropriate controls. A foundation for medical

CARROLL TRAVEL BUREAU, INC.
JOHNSON'S BOOKSTORE BUILDING
1383 Main Street, Springfield, Mass. 739-7391
A Complete Experienced Travel Service

care sponsored by a medical society can provide all this. Physicians might have to sacrifice some independence, but at the same time physicians would be offering an instrument produced and controlled by physicians. Such a device would be of the physician, by the physician and not just for the physician but also for the people who desire such a product. A foundation for medical care can compete with the most highly organized, centralized, and completely committed models. Moreover, it can also go along most comfortably with the traditional fee-for-service private practice system. The foundation would be an alternative choice for the traditional system. Should the foundation concept fail to prove that it has inherent positive advantages, then the consumer can opt out and the concept can fade into oblivion. And yet, the consumer would still have the traditional fee-for-service private practice system available to him. On the other hand, should the foundation concept prove its superiority and grow, then physicians would be more willing to participate particularly since they would be in control. It is hard to conceive of a complete shift to either the foundation concept or the traditional private practice system. A mix of both can co-exist and work advantageously together, but physicians must have control of all aspects.

Physicians must embrace the foundation concept if only to control the proper utilization, quality, and costs of health care services. For without these controls, physicians will become nothing more than robots responding to someone else's computerized programs. And we all know what they say about computers — in garbage, out garbage! Therefore, the HDMS and each member thereof must join hands and move forth as expeditiously as possible to establish an operational foundation for medical care.

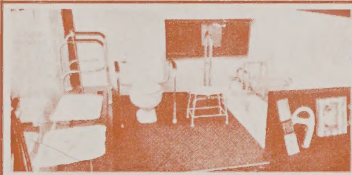
Ayres

COVER: Donald S. Raines, M.D., (Right) President, Medical Society of the County of Monroe, Rochester, N.Y., explaining the Monroe Plan with rapt attention from John J. Bandeian, M.D., President of HDMS, (Left) at the October 5, 1971 HDMS meeting.

VISIT OUR NEW DISPLAY AND DEMONSTRATION CENTERS



BEDSIDE SAFETY COMES FIRST!



BEWARE OF THE BATHROOM!

**Instruction and
Supervision by
Certified N.A.T.I.
Technicians.**

**GOLD
CROSS**

AMBULANCE SERVICE, INC.

MEDICAL SERVICES, INC.

Rx: A REMINDER!

WHEN ORDERING EQUIPMENT OR
OXYGEN — MEDICARE AND WELFARE
— REQUIRE A PHYSICIANS STATEMENT
OF:

- (1) ITEM(s) NEEDED
- (2) DIAGNOSES &
PROGNOSIS
- (3) ESTIMATED DURATION
OF NEED

(on prescription pad, stationery or
preprinted Medicare form)

Always ready to serve you!

SPRINGFIELD	CHICOPEE	NORTHAMPTON	WESTFIELD
781-3781	592-5159	584-0282	562-2812

EXECUTIVE OFFICES:

78 ISLAND POND RD. SPRINGFIELD, MASS. 01118

GOLD CROSS PATIENT EQUIPMENT ■ RENTAL ■ SALES ■ SERVICE



HDMS OCTOBER MEETING HIGHLIGHTS

The fall meeting of the HDMS was held on October 5, 1971, at the Highpoint Motor Inn, Chicopee, Mass. Attendance: 141 (17 attending without reservations); reservations: 142 (18 reneging on reservations).

The meeting was called to order by President John J. Bandeian at 6:15 P.M. with the first order of business being the minutes of the Annual Meeting of April 27, 1971, which were accepted as read.

There being no old business, Dr. Bandeian brought up the matter of seeking physicians for the District under the Emergency Health Personnel Act as passed by the 91st Congress and signed into law by President Nixon last year. This law in essence provides that young physicians and dentists may serve their military obligation in the Public Health Service Commissioned Officers Corps. and be assigned to communities in critical need of basic clinical services. The application for these physicians would, in the case of Mass., be made by the State Health Dept. with the endorsement of the MMS. The Act makes it clear that these personnel are not to be provided free to localities, but that fees or third party payments would be collected and paid into the U. S. Treasury. Also implied is that assignment is primarily for the service which can be rendered to the community and not for the career interests of the assignee. At the same time, facilities necessary for a physician to be able to practice in a community must already be available. The program

has not as yet been funded, but applications to the Dept. of HEW are being prepared. After considerable discussion, the general consensus was that the situation was not that critical in the Hampden District; hence, no request is to be filed at this time.

The next matter brought up for consideration pertained to foundations for medical care. Dr. Bandeian stressed these salient features of foundations:

1. "A foundation is not an insurance company. The insurance broker with whom we deal will negotiate with insurance companies, and labor and other groups of subscribers.

2. A foundation does not need sophisticated computers, although such devices are useful. One well trained girl can handle some 10,000 claims per year. She is given instructions to pull out treatments and fees that deviate from a pattern of norms made up by us or our representative. The cost of running the foundation office is underwritten by the participating insurance companies. Foundations that have been operating for years say that 3-4% of the premiums paid by the subscribers to the insurance companies is sufficient to pay for the office expenses.

3. The fee schedule in a foundation is not frozen — as it is in the case of the Blue Shield plans. It is set by the relative value fee schedule and a uniform conversion factor. This conversion factor may be varied annually depending on the economic conditions of the locality, or it

HAFEY FUNERAL SERVICE

494 BELMONT AVENUE — SPRINGFIELD, MASS.

may be modified automatically annually by the cost of living indices. Furthermore, there may be provisions for different fees for the same illness.

4. Peer review committees as we have them without foundations for medical care benefits are impotent. They criticize and suggest, but have no teeth. In contrast, peer review committees in a foundation are very potent and effective.

5. One of the important features of practicing medicine in foundations for medical care is that profiles are developed on patients as well as on participating doctors. By this means, the practice of medicine becomes very effective. The wandering patient who will consult several doctors within a week for the same illness and receive perhaps incompatible medicines will be stopped.

Last, but by no means least in importance, is the following:

6. The influence of an effective peer review committee within a foundation for medical care in combatting the ever present and increasing threat of malpractice suits is tremendous. Our peers will be in a position to advise and counsel us about our work. Its decision will go a long way in minimizing unwarranted malpractice claims."

Dr. John C. Ayres emphasized the need and urgency for such an instrument under the auspices of the HDMS and made a motion that the Executive Committee of the HDMS be instructed and empowered to establish forthwith an operational foundation for medical care.

Subsequent speakers stressed the importance of the foundation concept as the physicians' alternative to national health insurance and the closed panel prepaid capitation type of HMO. The membership seemed unwilling to give final authority to the Executive Committee for going ahead with incorporation at this time as implied in the original motion. Hence, the latter was amended to the effect that a "blue print" or operational plan be presented for consideration at the December meeting of the HDMS and no later than the February meeting. This was passed.

There being no other new business, the meeting was recessed from 7:30 P.M. to 9:30 P.M. for a social hour and a collation. Upon resumption of the meeting, Dr. Bandeian introduced Dr. Donald S. Raines of Rochester, N.Y., who made a presentation on the Monroe Plan for Medical Care, Inc., (see pages 10-16).

After a spirited question and answer period, the meeting was adjourned at 10:00 P.M.

STORROWTON TAVERN



On the Village Green
Eastern States Exposition Park
West Springfield, Massachusetts
Bill Kavanagh, Innkeeper

An original colonial inn serving the finest early American food and drink plus continental specialties * An incomparable setting for weddings, banquets and parties * Open year round. Phone: 732-4188



THE INSTRUMENT OF THE IMMORTALS

**A Steinway
In Your Home**

The piano great pianists choose is the best one for your home. Its glowing tone and sensitive response to playing are an inspiration and joy for a lifetime. This is the wisest piano investment, retaining its value over many years.

"Over
100 Years
A
Steinway
Dealer" . . .



M. Steinert & Sons

10 Stearns Sq. — Springfield, Mass.

Tel.: 734-7381



President's Page

OUR ANSWER

Modern man of the western civilization, as exemplified in Europe and in the United States, regards medical care as a basic, fundamental right rather than a privilege. In most of the European countries including Russia and in our neighboring Canada, the government has assumed the disbursement of this basic right. Governments have done this at a staggering cost, degrading the professional standing of the physicians and in many instances with disregard of the many amenities of the physician-patient relationship that we enjoy in the United States today. This basic right to obtain medical care in this country is firmly established by concepts underlying health legislation of the past few years. The mechanism of how this medical care is to be furnished and who is going to pay for such services are embodied in the several National Health Insurance plans being debated in Congress during its present session. The Mediredit Plan sponsored by the AMA, and The National Health Security Act sponsored by the late Walter Reuther and Senator Edward Kennedy are but two examples. In the meantime, the U.S. Department of Health, Education and Welfare is pushing on with its own version of distribution of medical care in the form of health maintenance organizations. This is prepaid, capitation type of medical care pattern after the Kaiser Foundation Health Plan.

HEW has taken on this dominant role because the government is paying the bill for a large segment of our population in the form of Medicare and Medicaid. However, HEW is amenable to and indications are that it will cooperate with and support the private sector of medical care in the form of foundations for medical care.

Practicing medicine within a foundation for medical care will permit physicians to:

1. Continue the practice of medicine on a fee-for-service basis. The fee will be a maximum fee based on the Massachusetts Relative Value Study utilizing a uniform conversion factor. There will be provisions for annual review and change of the conversion factor.
2. Retain the cherished physician-patient relationship.
3. Gain and retain control of the expenditure of the health dollar — 85% of which is generated by the physicians orders for the care of the patient — i.e., exercise cost control.
4. Supervise and prevent underutilization as well as overutilization of medical facilities.
5. Exercise effective quality control of medical care.

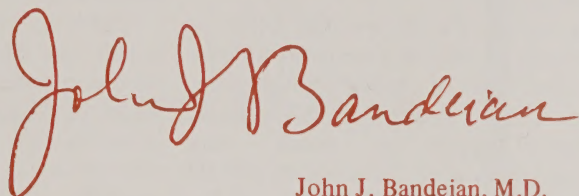
Ernest A. Byron, Jr.

SPRINGFIELD

6. Earn the respect of the citizens and legislators by demonstrating that we are a responsible group and that we do care.

To gain all of the foregoing, physicians must be prepared to sacrifice a bit. We must be willing to abide by the decisions of our peers. This is really a gain rather than a sacrifice because if we don't bring our house in order voluntarily, non-medical people such as politicians and do-gooders will.

You have heard and read a great deal about medical care foundations. There is more written in this issue of *The Hampden Hippocrat*. If you have questions that you want answered, please call on a member of the Ad Hoc Committee on Foundations*. Do plan to come to vote on this very crucial subject at the next quarterly meeting of the HDMS.



John J. Bandeian, M.D.

*Ad Hoc Committee on Foundations:

Howard N. Simpson, Chairman
John J. Bandeian, Ex-Officio
Robert J. Bye
Sheldon S. Goldberg
Frank G. Mills
Walter S. Mozdren

Frederick D. Schwendenmann
William E. Sheehan
Lorne C. Smith
Frank J. Sterba, Jr.
Bruce B. Stoler
John W. Turner



MEDICAL EQUIPMENT UNLIMITED
DIVISION OF SPECTRO INDUSTRIES, INC.

Jenkintown Plaza, Suite 302, Jenkintown, Pa. 19046 (215) 885-3676

Doctors:

The following Pharmacies are now a part of the most comprehensive patient care program available today in our area. They have been trained to handle your patients needs professionally when these needs concern convalescent aids or orthopedic appliances. Medical Equipment Unlimited has put at their disposal the largest single source of supply available to any outlet or convalescent aids.

All of the below Pharmacies also have accredited orthopedic appliance fitters available seven days a week to accommodate your patients needs for bracing fitting room on premises.

When your patients require courteous, efficient, and economical service, please call one of the following Medical Equipment Unlimited Agents listed below.

DUNN PHARMACY, Holyoke
O'NEIL PHARMACY, Chicopee
TOWNE PHARMACY, Ludlow
BLANC PHARMACY, Springfield
PIOTTE PHARMACY, Chicopee
GALAS PHARMACY, Monson
DRUG SHOP, Westfield

BRECKWOOD PHARMACY, Springfield
HARRIS PHARMACY, Springfield
PHILLIPS PHARMACY, Ware
PROFESSIONAL BLDG. PHARMACY, Springfield
SILVER PHARMACY, Westfield
MONTCALM REXALL PHARMACY, I. O.
RUSSELL PHARMACY, Easthampton
BRANDLES PHARMACY, Northampton

THE MONROE PLAN

by Donald S. Raines, M.D.

PRESIDENT, MEDICAL SOCIETY OF
THE COUNTY OF MONROE
ROCHESTER, NEW YORK

(Editor's note: This paper was delivered at the HDMS meeting of October 5, 1971.)

One of my friends speaking before a conference of health care delivery was given the task of defending the solo, fee-for-service system. His opener, although tongue in cheek, was frighteningly close to the truth. In part he said, "I seriously considered having myself carried to the podium in a coffin, however, there were no grant monies available for such a purpose." Let me hastily assure you that he then very eloquently defended his position without apology.

I am not here to bring you a coffin nor am I here to present you with a panacea to defend you from those attacking the medical community. I am here to describe our efforts to bring into being a foundation for medical care and why we selected a foundation as the vehicle through which we hope to have a voice in the delivery of medical care in our community.

Through my correspondence with Dr. Bandeian, I know you have taken steps to inform yourself about foundations. Your membership has initiated some of the basic structure of foundation through

establishment of a peer review mechanism so some of what I describe may well be redundant.

Currently, writing or speaking about health care delivery begins with a litany of the problems facing the system. The litany includes the many private and governmental programs proposed to restructure all aspects of medical care, primarily altering the role of the physician. I am going to avoid this approach as I believe most physicians have heard or read the same phrases over and over again. The picture presented is discouraging. I'm sure none of you feel you are part of a "cottage industry" or a non-system. You are part of a sophisticated medical delivery system which has been very effective.

BIRTH

The foundation effort predated this most recent uproar over the delivery for medical care. As you probably know this foundation concept originated in 1954 in Stockton, California. Dr. Donald Harrington conceived and nurtured this concept almost as an evangelist. The original idea, as with so many actions, grew in response to the threat of a Kaiser prepaid group practice being formed to take over a large group of the private

Traditional
**New
England
Hospitality**



YANKEE PEDLAR INN

Miss Bess Stathis, Innkeeper
Rt. 5 at 202 Holyoke, Mass.
Phone: 532-9494

W. F. YOUNG, INC.
MANUFACTURERS OF

Absorbine Jr.

Hampden District Medical Society

Presents Its

NEW TO AGE SIXTY-FIVE DISABILITY INCOME INSURANCE PROGRAM

DESIGNED EXCLUSIVELY FOR MEMBERS

FOR INFORMATION CONTACT

CRAIG W. STEWART

DISTRICT SUPERVISOR

50 FERNWOOD DRIVE EAST LONGMEADOW, MASSACHUSETTS 01028

PHONE: 525-4806



LESTER L. BURDICK, INC.

Loyalty Group Insurance

patients in Stockton. The foundation has survived, grown, and spread since that time proving it to be a very viable mechanism for delivery of health care. Its survival and effectiveness are not the most important message for us today. In 1968 and 1969 faced with socio-economic shambles of the Title XIX program (Medi-Cal in California), the San Joaquin Medical Foundation entered into a contract with the State of California to provide the physician services utilizing the foundation concept. Medi-Cal patients were seen by physicians in their own offices for a fee-for-service utilizing a physician conceived fee schedule. After approximately 19 months, the foundation returned \$200,000 of unexpended funds to the State of California. This ability of organized private practice of medicine to retain local control, fee-for-service and the freedom of choice for patient and physician and do this more economically than government controlled programs brought nationwide attention to the foundation movement.

This success clearly demonstrated to physicians (or it should have) that there were mechanisms available to deal with almost any kind of legislative program without losing the many advantages of our present system. It became apparent to many and to our medical society that it was absolutely essential that we develop a structure able to respond to programs developed by others be they government, industrial, or labor sponsored. It was also apparent that we needed a structure to develop and implement our own programs. Since our efforts to implement pre-payment of comprehensive medical services dated back to 1963, our membership had a good background in the various mechanisms available. In 1969, in

response to the national publicity afforded the San Joaquin movement, we re-investigated the foundation possibility. We liked what we found. In May of 1969 our medical society incorporated a foundation for medical care called the Monroe Plan. How we altered the San Joaquin concept of a foundation to fit our particular environment, I will deal with later. The important point is that the foundation mechanism is viable. Before I speak of our own failures and successes let me describe a foundation organization.

MECHANISM

A foundation, although a separate corporation with a separate board of directors, is the offspring of a county or regional medical society. There are good reasons for a separate organization and for close ties with the medical society. This separate corporate body provides a continuity of activity and purpose. The programs and goals of medical societies are subject to annual review and change dependent on the perspective of the presidential office. As there is usually annual change in that office, there may be a change in the involvement of the

Call Us First!

FIRST FEDERAL SAVINGS

★ 1243 Main St.

★ 560 Sumner Ave.

*Assets over One Quarter Billion
Dollars*

Curran-Jones
FUNERAL HOME
WEST SPRINGFIELD

society in a foundation activity. The foundation corporation has a more consistent organization which must work within a stated purpose.

A close relationship with the medical society is essential because the foundation membership almost exactly coincides with the society membership. The society and foundation often have duplicate activities such as fee schedules, legislation, insurance review and many others. We dovetail these activities so that committee reports and policy recommendations go to the appropriate organization. The medical society is used as an appeal mechanism for non-foundation physicians and for final review when legal action may be needed.

In order to insure this relationship, we have composed our Board of Directors in this fashion: 40% are elected by the foundation membership, 40% are appointed by the medical society, and 20% are appointed by the elected and appointed board members. The president and president-elect of the medical society are automatic members. This allows us to have an independent board closely tied to and informed of the medical society's policies. The 20% appointed members are not necessarily physicians. We feel a real need to have community representation.

It is difficult to answer the question of what a foundation is in a short understandable statement. When I first heard Dr. Harrington and his executive director, Boyd Thompson, speak on foundations, I was intrigued by the ideas, but I clearly did not understand what they were talking about.

A foundation is a concerned group of physicians attempting to provide for their community a mechanism and stimulus to stabilize health care costs and to improve the quality of care. The essential elements to this mechanism are these:

First: A peer review system. This can be interpreted in many ways and is. Peer Review in our eyes means establishing norms for quality practice on a regional basis. Practices differ, physicians differ. Only peers familiar with the context of the factors affecting regional practice, the personality of the physicians delivering health care and the characteristics of the patient population can truly assess the quality of medical care. There is no intent here to whitewash poor practice, but the intent is to place the peer judgment where it belongs not in an insensitive, unflexible remote agency.

Second: Determination of minimum standards for prepaid health care. We call this our basic benefit structure. In order that our insurance program be sponsored by a foundation, it is necessary that at least those minimum standards be met. The foundation does not act as an insurance underwriter but as a sponsor for insurance programs meeting its minimum standards.

Third: Establish a maximum fee schedule for all services provided by physicians or others delivering health care. This is a service fee schedule — that is, for those services covered. The payment of the fee is payment in full.

Let's take a look at how the Monroe Plan has taken the foundation concept

Romantique Bar Americain
Petit Restaurant Francais

PICOT'S PLACE

548 Main Street
Hampden Mass.
Tel. 566-3034

POMEROY-WILLIAMS CO.

120 MAPLE STREET, SPRINGFIELD

PHONE 733-3217

ALL SURGICAL APPLIANCES

BELTS

CORSETS

BRACES

STOCKINGS

and interpreted it to our membership. Basically, it is a catalyst to spur on efforts for more comprehensive health insurance for the community, especially for those services which tend to detect diseases early and prevent costly hospitalization.

The key difference to usual insurance is peer review for maintenance of optimal quality care. A side effect of quality review is the savings which result. These usually run between 10 to 15 percent of the cost of the contract.

Just to recap and to emphasize some of the more important points, let's return to the three basic elements.

Through these three elements — peer review, minimum standards for health insurance and a maximum fee schedule — we can begin to answer some of the concerns about escalating costs and the non-system of health care. (I am absolutely certain that if we do not take the initiative and do not provide an effective mechanism, one of the more drastic conscriptive programs will be forced upon us.) The foundation can say to its community that there is no need for new bricks and mortar. We already have ambulatory facilities in our own offices. There is no need for closed panels. We can provide a large open panel with the same goals. We can give you freedom of choice of physician. We can help stabilize health care costs because there is pre-payment available for office services which may prevent hospitalization.

Under the foundation concept a patient may see the physician of his choice. If the service is covered, the physician submits a claim for payment to the foundation. This claim is peer reviewed. If approved the physician is paid. If disapproved or questioned, a second review including direct contact with the physician for information is

performed. The foundation is the final authority on the validity of a claim and not the insurance carrier. If there is serious conflict, there is an appeal mechanism which may include the appeal mechanism of the county medical society. The complete review activity is contained in the ranks of our own peers not in the hands of some distant clerk or physician.

Flexibility is the key to the strength of foundation activity. The foundation works in concert with its community. The health care needs are assessed at the grass roots level. Communication with a structure dedicated to delivery of health opens avenues of communication previously obscure. San Joaquin experimented in indigent care. Sacramento foundation introduced its CHAP (certified hospital admission program), Colorado Foundation has established a multi-phasic screening center, The Big Valley program in central California is re-organizing to improve the quality and delivery of care under the Medicare program. Three foundations are cooperating. Dr. George Himler in his Shattuck Lecture delivered at the last MMS annual meeting, described New York State's effort to develop a data network for statistical review of delivery systems. This institute would be supplemental to the regional foundation providing services too expensive for small organizations. Our own Monroe Plan is to be provider for a group of near poor under an OEO grant for the development of an area wide health care network. These are only a few of the opportunities open to medicine organized to deliver health care.

STARTING UP

One thing I can bring to you not available from other spokesmen for foundations are the trials of starting a

Luncheons — Dinners — Cocktails

WILLOW GLEN HOUSE

East Longmeadow, Mass.

232 No. Main St. — Tel. 525-2167

Laundry Service for the Home or the Office

"use our line"

DALE BROS.
Laundries and Dry Cleaning

472 Union St., Springfield — 736-5491

foundation. I must emphasize that each community is different. The problems we have faced are probably unique. The lessons we have learned I think can be broadly applied.

A foundation is a lot of work for those who believe in its advantages. I usually begin my talk by saying I am here tonight because I made a mistake. I should have remembered the old slogan — never volunteer. Once involved, it becomes extremely difficult to break away from.

Your initial task will be to inform and unify your membership. We spoke to everyone who would sit down for 10 minutes. Trying to weld the diverse interests of physicians who resist all effort to regulate their activity is difficult. We were able to enroll 630 of 850 physicians. Most important they contributed \$50 a piece to an idea with no consumer group in sight. I must emphasize the need to involve as broad a base of community as possible. The real and the not-so-real differences previously unspoken will emerge. For example, in most communities pre-payment of physicians' services have been limited to in-hospital and primarily surgical services. Some in-hospital medical services have been covered in recent years. Non-surgical ambulatory services have never been covered because there were no adequate quality and utilization control systems. As you extend pre-payment, you must be sure it is done uniformly for all be they pediatricians, internists, generalists, psychiatrists or radiologists. Don't let one group because of a powerful spokesman gain disproportionately in relation to others. Attempt to unify your medical community. Dr. Himler in his Shattuck Lecture pointed the need for an intermediary in his increasingly complex world. A unified medical community can act as that intermediary.

Second; inform your community! Get the story of pre-payment to people. Let them in on what you are developing. If you have personal contacts in industry, labor, school boards, etc., talk to them about the foundation. Unfortunately our community was a little ahead of us. Their

concerns about escalating costs led them to explore through the BC-BS organization other delivery methods. A closed panel Kaiser-type plan was the result. It has taken us 10 months of hard work to get equal attention for the foundation effort. Ours was particularly difficult because BC-BS controls 85% of the health insurance written in the Monroe County area. Persistent pushing of the foundation has forced BC-BS to take action.

One glaring error we made was in the area of minimum standards. This has not been resolved to date. We oversold the advantages of pre-payment. A majority of the Board of the Monroe Plan supported a very comprehensive basic package with very logical arguments. This package far exceeded the usual foundation package of consultations, care from birth, and parallel laboratory coverage in or out of hospital. We went all the way adding office calls, increased maternity benefits, well baby care and many other very worthwhile programs. All this tended to make the package too expensive to sell to a large group of patients. There is nothing wrong with very comprehensive coverage, but be wary at the start. Let me quote from a feasibility study after consultants from California visited us. "The desire to move toward adequate out-patient medical care including all necessary ambulatory services must not be taken as a mandate upon the foundation to include all such care in the initial minimum standards. This type of prepaid coverage must be developed using a building block technique." I now heartily concur.

You will find as you explore that many foundations do all the clerical claim review and pay all vouchers in addition to peer review. We do not believe this to be an essential. We do believe all claims must be submitted for peer review. This may make it necessary for the foundation to do claim review. If, however, your insurance underwriter has a well established claim service organization, it is not necessary that the foundation duplicate this effort. It is absolutely

essential that all peer review be in the hands of the foundation. Ours must be the final say as to the validity of the services rendered and the charges made. We can in no way support the Hennepin County approach to peer review.

There is much to be said in behalf of the theory of the Hennepin approach. However, they have been so inundated by the amount of work necessary to review claims that they have become immobilized. There is a need to begin slowly. We hope to be able to establish our criteria for peer review on a small group of patients. In this way we can work out parameters and the bugs before we drown.

FUTURE DEVELOPMENTS

What is really exciting about a foundation is the unlimited frontiers to be explored. In the foundation approach, we can do anything any other mechanism claims to be able to do. We can do and maintain the characteristics of our practices considered important both by patient and physician: freedom of choice for both patient and physician, the intimate physician patient relationship fostered by small office individual attention characteristic of most medical practices, the initiative and pride and incentive of physicians in their successful treatment of patients, and keeping the control of medical care on a community level so it may respond to the needs of its community.

Areas we have only partially explored but seem to offer real potential in improving the cost and quality of care:

1. Insurance programs designed to cover essential preventative services rather than related to "chief complaint" or elective services. This type of program would identify those services with proven yield: for example, pap smears, immunizations, sickle cell testing, etc. All of these are done but there has been an emphasis on insuring these kind of services rather than insuring office calls for the common cold.

2. Capitation methods of payment is the "belle of the ball" in all of the

government proposals. There is no need not to adopt this method of reimbursement through the foundation. If we are doing a job for our patients, we will do it much better through our offices than any clinic type panel. There have been experimental programs utilizing this mechanism through the foundation and very successfully.

3. Accessibility is a key problem. No one has the answers. We carried out two surveys of our primary physician population. The first by a research organization to determine if there was any available time for additional patients. We asked them both about additional private patients and about Medicaid patients. About two hundred physicians were surveyed. We found they were willing to accept 1,500 additional patient visits per week. This included Medicaid patients at usual fees. The second indicated that these same physicians were interested in exploring physician expanders and to accept capitation risk.

With this background we are planning to introduce a program for matching patients and physicians. This program will take into consideration transportation, language and type of problem. This is just a beginning on how to answer the accessibility problem. The important point is that organized physicians can approach the obvious problems threatening us — both the physician and patient. I hope that your appetite has been whetted. The organization of medical care on a regional basis is absolutely essential. The superimposition of a bureaucratic structure would be wasteful and result in poorer not better medical care. We need a network of regional foundations each responsive to the needs of its community and yet relating to the experiments of others in improving the system.

**MC CARTHY
FUNERAL HOME, INC.**
656 State Street, Springfield, Mass.
William M. McCarthy, Director

You can't beat the system

The RocomTM Medical Record System*

The new Rocom Medical Record System consists of three basic components that comprise one of the most advanced (yet easiest to maintain) methods for keeping patient records.

Used together, these components provide an accurate retrievable medical profile of every one of your patients.

You will find more about the Rocom Medical Record System on the following pages.

Rocom TM
Medical
Management
System

*Created and developed by Patient Care Systems, Inc.

Here is how each part of the Rocom™ Medical Record System works:

Patient Progress Notes

The visit-by-visit record of the patient

- A. Your number code for the patient's problem goes here. In this example, problem #1 is hypertension. On a subsequent visit, you detect diabetes; this is entered as problem #2.
- B. These are your subjective and objective findings.
- C. Here are your plans for treatment and subsequent follow up.
- D. You check important data for your aide to enter into the medical records jacket.

Medical Records Jacket

Vital patient information at a glance

By transferring key information from your progress notes to the jacket, you maintain a ready summary of patient problems and treatment. Then, one quick reading through the Rocom Medical Records jacket provides an immediate briefing of the patient.

Everything you need to know about the patient is right here--readily and rapidly available. Pertinent information required for third-party payment or for insurance forms is all together in one place.

- A. Here are the patient's problems identified by number (as in the Progress Notes, #1 is hypertension, #2 is diabetes).
- B. Medications are listed below; allergies and sensitivities above.
- C. Tests and results are here.
- D. Other important personal data, immunizations, hospitalizations and special notes are entered on this page.
- E. The color coding on the tab eliminates the likelihood of misplaced files. Any jacket in the wrong location stands out from all the rest.
- F. A convenient numbering system on the reverse side of the tab is used to pinpoint inactive patient records.

Disease Cross-Index Card

A catalog of your chronic disease patients.

This serves as a reference for immediate contact of specific patients. You maintain a card for each of the important chronic disorders, i.e., hypertension, diabetes, chronic respiratory and urinary tract problems, etc. When it is time for flu shots, your aide can pull the cross-index card for bronchitis, emphysema, cardiovascular and other susceptible disorders and ask the patients to stop by the office for their injections. During a slow period in your practice, have your aide schedule some chronic patients for their routine physicals. The cross-index can also be used to recall patients for their annual examinations.

You can also employ the cross-index cards for analyzing your practice and for evaluating the status of patients with the same chronic illness.

Name Anne BakerNumber 3494Page 1Problems
(No. and Description)FINDINGS
(Subjective and Objective)

PLANS

5/20/70Periodic health exam6/6/70It found to have hypertension
on PG 5/20/70 - symptoms
of recurrent headache -
all lab work EKG, chest
normal. Put on Singsap
1mg b.i.d.Subj. Headaches ceased 3 days
after therapy. Feels listless,
feels normal.Singsap 1mg b.i.d. from 5/20
frustrated about possibility, ✓

Patient Record

Name Anne Baker
Number 3494 Blood Type O+

ALLERGIES/SENSITIVITIES Penicillin

TESTS	Values and Results	PROBLEM DESCRIPTION	Index
Temp	99.4	1. <u>Periodic Hypertension</u>	✓
HR	99	2. <u>Occasional Headache</u>	✓
BP	150/90		
ECG	Normal		
X-ray	Normal		
Lab	Normal		
Diff	Normal		
SpO2	98%		

CONTINUING MEDICATIONS

NAME	DOSE	ROUTE	STATUS
<u>Singsap</u>	<u>1mg</u>	<u>b.i.d.</u>	<u>✓</u>
<u>Aspirin</u>	<u>325mg</u>	<u>q.i.d.</u>	<u>✓</u>
<u>Diuretic</u>	<u>25mg</u>	<u>q.d.</u>	<u>✓</u>

CONSULTATIONS

DATE	NAME	REASON	STATUS

DATE 5/10/70 NUMBER 3494

NAME Anne Baker
ADDRESS 12 Moss Lane
Baltimore, Md. 21202
TELEPHONE 410-427-1027
PERSON (Indicate responsible for patient if other than patient)
NAME Anne Baker
ADDRESS Baltimore
TELEPHONE 410-427-1027
PERSON (Indicate responsible for patient if other than patient)
NAME Anne Baker
ADDRESS Baltimore
TELEPHONE 410-427-1027
PERSON (Indicate responsible for patient if other than patient)
NAME Anne Baker
ADDRESS Baltimore
TELEPHONE 410-427-1027

EDUCATION DATA
Date of Birth 8-8-05 Sex M ✓
Marital Status Married ✓
Place of Birth USA
Children's Names James Jr. John Jr.
Children's Birthdates 6/14/38 1/14/42
Education 2 Years Elementary ✓ 2 Years High School
✓ 2 Years College, Technical, Business, etc.
Occupation Physician
Current Employer Johns Hopkins
Business Telephone 410-427-1027

HOSPITALIZATION DATA

DATE	HOSPITALIZATION DESCRIPTION
<u>1961</u>	<u>Hypertension</u>

SPECIAL NOTES
Dr. Douglas Miller in Baltimore
Married Mary for further studies

Disease HypertensionIndex No. 042Card No. 1

Patient Name and No.	Birthdate	Date of Dx	Result*	Address and Telephone Number
Pratt, Robert R.L. 2675	11/1/30	1/14/67	UT	12 Cypress Lane, 345-7865
Jackson, Thomas J. 1432	2/2/27	1/18/67	D	101 Maine St. Apt. #3 426-0098
Pender, W. Dorsey 3159	10/1/35	4/27/68	UT	1234 Old Crow Lane 666-7781
Baker, Anne 3494	3/4/05	6/6/70	UT	14 Merry Lane 427-1107
Taliaferro, W.F. 2138	6/25/37	6/6/70	R	2678 Winchester Lane 885-2146
Moyar, Jane C. 1108	10/9/24	7/1/70	UT	12 Montana Circle 441-3678
Weir, Thomas 2226	4/6/39	7/1/70	UT	190 Lookout 556-8967
Smith, Amelia 3178	8/10/98	8/8/70	UT	234 Arrowhead St. 437-6206
Calhoun, John J. 2397	8/21/30	8/10/70	UT	771 Crittenden Rd. 334-7866

First Class
Permit No. 76
Fairview, N.J.

BUSINESS REPLY MAIL

No Postage Stamp Necessary If Mailed in the United States

Postage will be Paid by Addressee

ROCOMTM

Division of Hoffmann-La Roche Inc.

Box 169

Fairview, New Jersey 07022

Rocom™

Medical

Management

System

For more information about
the Rocom Medical Management System,
fill in card and send to us.

Gentlemen:

Please provide me with additional
information about:

☐ Health History System

☐ Medical Record System

☐ Appointment System

☐ Telephone System

Name

Street

City

State

Zip

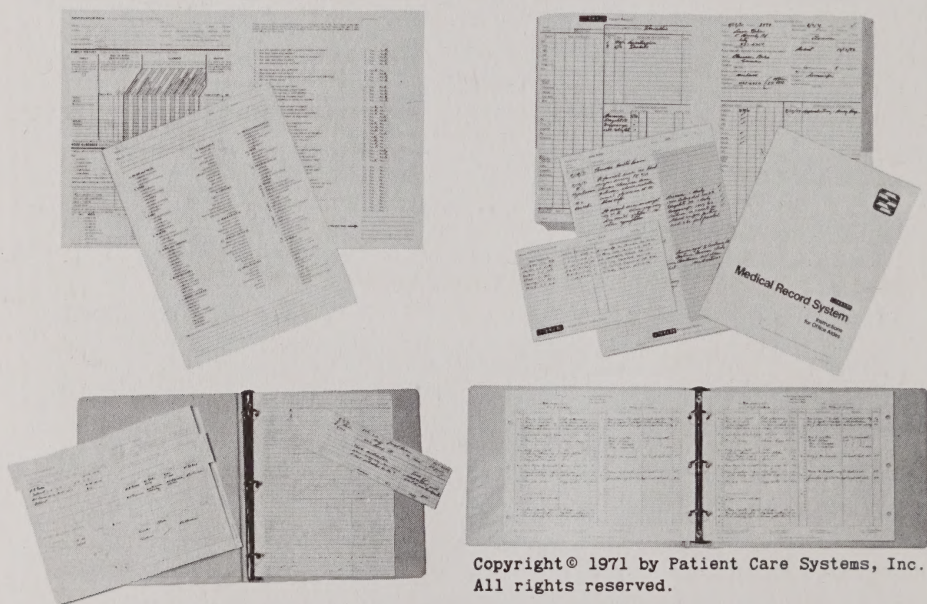
The reason for Rocom

The mission of Rocom -- the health education and information division of Hoffmann-La Roche Inc. -- is to provide the newest and most worthwhile developments in education, technology and management for both medical and paramedical groups.

The first Rocom product was the ICC Multimedia Learning System currently being utilized by hundreds of hospitals as an essential part of their training program for coronary care unit nurses.

Now, the Rocom Medical Management System is available to help improve patient care and provide more efficient use of office time.

The establishment of Rocom presents an exciting new opportunity for Hoffmann-La Roche Inc. to be of continued service to those engaged in the health field.



Copyright © 1971 by Patient Care Systems, Inc.
All rights reserved.

ROCOM™ Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

ROCHE

FROM PROMISE TO PRACTICALITY

by Robert J. Brennan, M.D.

PRESIDENT,
THE BAY STATE HEALTH CARE FOUNDATION

At this point in time, it is obvious even to the most casual observer of matters medical that the not too distant future portends some drastic changes in the structure and delivery of medical care as well as changes in the methods of financing it. It is interesting to note that all the major legislation currently being heard before Wilbur Mills' House Ways and Means Committee with the exception of the A.M.A. Mediscredit Bill, which is only concerned with financing, is directed toward some form of group or hospital based practice.

In response to this inevitable threat of Federal intervention, some form of which appears soon to become reality, various ideas have been proposed and promoted as alternatives to those promulgated by special-interest groups — mechanisms which would preserve the fee-for-service concept and maintain a pluralistic system of delivery of care which is necessary to ensure quality and reasonable care to the American people.

Chief among these systems have been the foundations for medical care which first had their origins in California in 1954 as a response to the closed panels of the Kaiser Permanente Foundations. In the last two years, they have swept eastward and several successful foundations are now operating in various states of the Union.

The California foundations, because of their longevity and skills acquired during this time, are quite sophisticated

operations that not only set minimum standards for carriers and provide peer review, but also process claims with their own claim reviewers. In addition to these functions they also pay approved claims to the physicians. As time has gone on, there have been modifications of the original foundation concept, the most notable being the Twin Cities Foundation of Minneapolis-St. Paul, which has left the claims processing and payment of claims to the carriers, and concentrated on the areas in which physicians possess the most expertise, peer review and quality control of the practice of medicine.

THE BAYSTATE HEALTH CARE FOUNDATION

It is not the intent of this article to consider the merits of either type of foundation for there is much to be said for either approach. Our aim is rather to outline how two District Societies realizing the threats posed to their way of practice and cognizant that there existed a proven method of preserving their professional freedom — a form of group practice without walls — with an inherent flexibility to adapt to whatever Federal legislation will be passed, set about to produce the lusty entity and the first in Massachusetts — The Bay State Health Care Foundation.

At the outset it should be noted that the two Districts involved have long enjoyed a close rapport and shared common thoughts and feelings about

CENTRAL TRAVEL BUREAU

222 Worthington St.

781-1680

Springfield

CERTIFIED TRAVEL COUNSELOR

socio-economic problems facing the profession. The total number of physicians involved is approximately one thousand which embraces all the specialties of medicine and thus provides an adequate number of physicians to staff the various committees, notably peer review and hospital utilization. The population served by these physicians is about one million people and the type of area served ranges from urban through suburban to semi-rural.

The first step was to obtain authority from each District at separate meetings to proceed to initiate and develop a foundation for medical care as a joint effort. This was easily accomplished, the membership of each District having considerable confidence in the leadership as a result of past activities. Admittedly, many did not possess a clear idea as to what a foundation was all about. However, to dispel any uncertainty about this concept, an intensive educational program was conducted by appearing before the staffs of the various hospitals and local small medical societies at which time the gospel of foundations was preached. In addition, a newsletter explaining the foundation idea was sent to each member of the two Societies. It should be mentioned at this point that the Hennepin County approach was selected, for reasons noted earlier. Once authorization was obtained, a joint committee to draw up the by-laws was appointed, which studied several sets from various foundations, and adapted a set of by-laws deemed suitable for the purposes of our physicians. They are strictly physician oriented in so far as the governing body is concerned, but do contain provisions for an advisory board consisting of representatives from government, labor, industry, health insurance, hospital administration and the "Blues". The rough draft was forwarded to legal counsel for final redrafting and polishing with the articles of organization being drawn up and filed with the Secretary of State in August, 1971. Concurrently, counsel was instructed to prepare a membership agreement. This

along with a copy of the by-laws has been distributed to each physician with an invitation to join. A modest sum of twenty-five dollars being charged as an application fee.

It is contemplated to utilize the Massachusetts Relative Value Scale with a range of conversion factors determined by each specialty society to reimburse for physician services. It is interesting to note that the expenditures of funds to accomplish what has been done has been minimal. It is possible to engage outside professional assistance to perform feasibility studies, organization, marketing, etc. at a figure approximating five figures. It is our judgment, however, that a hard core of dedicated physicians can accomplish the same result.

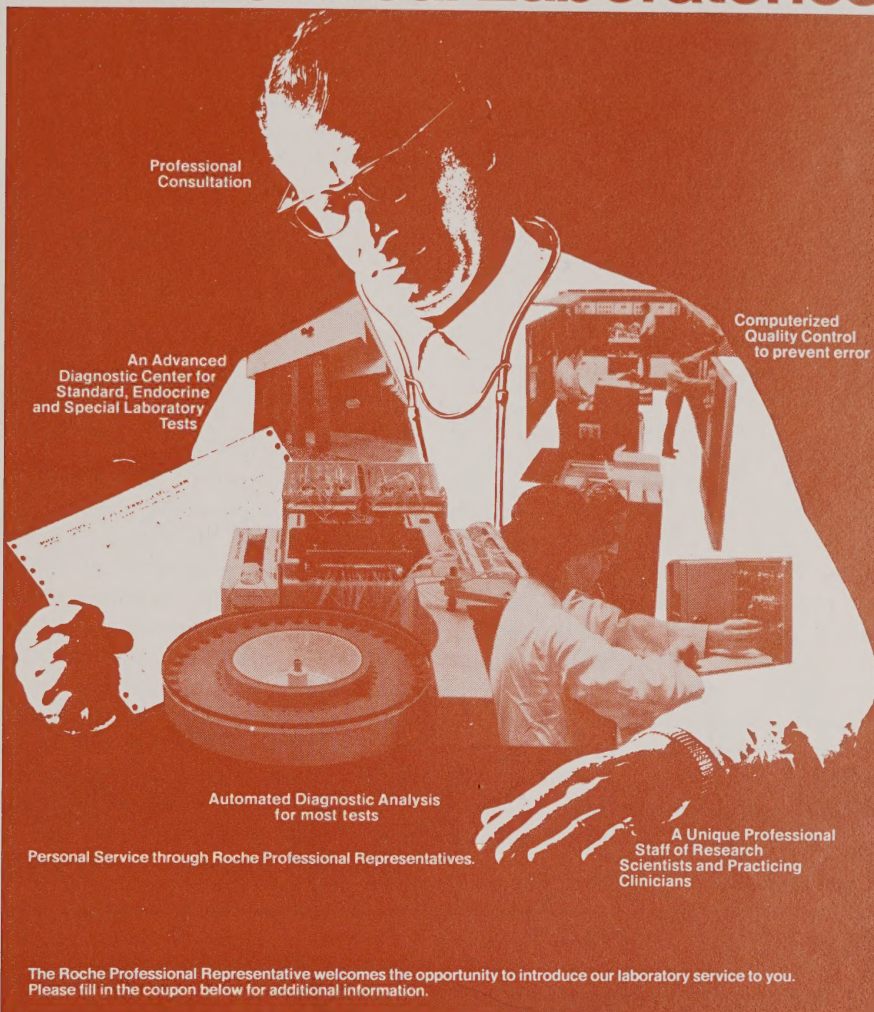
Such in brief is the history of the Bay State Foundation. Recruitment is progressing satisfactorily, but we realize that there is much more to be done. In all our efforts we have even been mindful of our primary responsibility, namely, the American patient and the necessity to render to him that to which he is entitled — quality medical care at a reasonable cost.

We take violent issue with the articulate advocates of a complete Federal takeover of medical practice. It is our judgment that most of what they spew forth about the inadequacies of the current delivery system is mere rhetoric not based on objective analysis. Unbiased review of what has transpired in other countries that have essayed what is being proposed for the American people proves this point. We conclude that there are imperfections in the prevailing system, man of course being an imperfect being. We submit however, that foundations can help to correct these imperfections.

Edward F. O'Donnell
FUNERAL HOME
Springfield

Announcing—
a new commitment to health care

Roche Clinical Laboratories



Professional Consultation

An Advanced Diagnostic Center for Standard, Endocrine and Special Laboratory Tests

Automated Diagnostic Analysis for most tests

Computerized Quality Control to prevent error

Personal Service through Roche Professional Representatives.

A Unique Professional Staff of Research Scientists and Practicing Clinicians

The Roche Professional Representative welcomes the opportunity to introduce our laboratory service to you. Please fill in the coupon below for additional information.



Roche Clinical Laboratories, Inc.
1 Fairfield Crescent, West Caldwell, New Jersey 07006

Gentlemen:
I am interested in learning more about
Roche Clinical Laboratories' Services.

- ☐ Please send the Roche Clinical Laboratories
Reference Manual.
- ☐ Please have a Roche Professional Representative
contact me.

Name

Address

City State

Zip Tel. No.



MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the Council of the MMS was held in Boston on October 13, 1971, with the meeting being called to order at 10:10 A.M. by the President, Dr. H. Thomas Ballantine, Jr. Representing the HDMS were the following councilors: Drs. J. D. Allan, J. C. Ayres, L. F. DeRose, D. R. Hayes, A. S. Johnson, R. N. LaMarche, and P. T. Moore.

The Committee on National and State Legislation informed the Council that of the 19 bills it supported, 3 have been enacted and of the 12 bills it opposed, one has been enacted.

Upon recommendation of the Committee on Ethics and Discipline, it was voted to amend Section VI of the MMS Code of Ethics to read: "Fee tables are designed to indicate reasonable charges for service although physicians may place any value on their services deemed proper with the understanding and consent of their patients beforehand."

Upon recommendation of the Committee on Medical Education, but with some questions raised about the mechanism of implementation, Council adopted the resolution that the Council of the MMS accept the concept of

requiring minimum standards of continuing education for continued membership in the Society. This same Committee recommended that the MMS assume responsibility for accreditation of local programs in continuing education in non-university affiliated hospitals in the Commonwealth through the Committee on Medical Education and the PMI, particularly since the Dept. of Continuing Education of the AMA would be giving up this program due to its inability to cope with the enormous load. The Council voted to assume this responsibility through the Committee on Medical Education with assistance from the PMI if deemed necessary.

The Committee on Bylaws and Council Rules presented a bylaw change as authorized by the Council's action of May 26, 1971, relative to an obligation for membership wherein fellows would be required to report threatened and actual actions of tort alleging professional misconduct or malpractice to the Secretary of the MMS. Upon request of the Executive Committee, the Society's Legal Counsel rendered an opinion to the effect that there would not apparently be any legal implications if the said information were used only for statistical

Norman's Pharmacy

124 ISLAND POND ROAD
SPRINGFIELD, MASS.

"Yes, We Deliver" — 736-3623

"As Near As Your Phone"



Highpoint Motor Inn

Restaurant - Lounge
Dining Room

90 Modern Units

Olympic Pool - Health Clubs

Areas' Largest Facilities
For All Types of Functions

Seating 1500

at Exit 5, Mass. Pike & Rt. 33
450 Memorial Dr., Chicopee, Mass.

purposes and with a minimum of personal identifying data. Moreover, the Counsel suggested a substitute bylaw change. Inasmuch as more clarification was apparently needed, the Council voted to reconsider the original action and refer the entire matter back to committee.

A resolution submitted by the Hampshire District proposing a bylaw change as pertains to the method of electing delegates to AMA's House of Delegates was defeated on the grounds that existing procedures were sufficiently democratic in allowing for ample opportunity in nominating candidates and that the proposed method would be cumbersome, expensive, and not necessarily conducive to greater or better "grass root" participation. However, the resolution prompted a request for an opinion from the Society's Legal Counsel relative to the propriety of both AMA and non AMA members voting in any election of delegates to the AMA. Moreover, a plea was made that Councilors be given a choice in electing of not only AMA delegates, but also officers.

Before recessing for lunch at 12:05 P.M., the chairman of the Committee on Professional Liability outlined a set of principles upon which a joint venture between the MMS and an insurance company might be entered upon to provide malpractice insurance for the membership. This report was received as informational.

Upon resumption of the meeting at 1:30 P.M., Dr. Ballantine presented a progress report on the major thrusts of activity in which the Society was currently concentrating. He stressed the importance of physician control over organizations for the delivery of medical care and seemingly endorsed the concept of foundations. He called for increased influence of physicians in legislative circles, more vigor in the Woman's Auxiliary through increased memberships and greater participation, continuously more effective opposition to chiropractic, an expanded campaign for public information regarding physician and society activities, and greater participation by each and every physician.

*For people who
think first*



People who *think first* before banking, want a bank that thinks of them first. And that is our commitment to anyone who banks with us. We have pledged ourselves to deliver to our customers the ultimate in modern banking services . . . everything from checking accounts to checking on overseas investments.



FIRST BANK

For people who think first



The chairman of the Committee on Member's Insurance commented on the relatively sizeable increase in premiums, which is to become effective on December 1, 1971, in the Society's Blue Cross-Blue Shield Master Medical Plan. It was pointed out that the Society's program is rated on the basis of the group's past experiences. Within the past 2 to 3 years, there has been a marked increase in the cost of hospital care and the utilization by the physicians' group has also increased markedly, particularly in the psychiatric area. To effect economies, payment for private duty nursing has been dropped from the extended benefits portion; but curiously, payment for ambulatory psychiatric care has been added. Ventilation of consternation ensued, with proposals being made for peer review of utilization by the Society's group and search for other insurance coverage. It was promised that all avenues for effecting economy would be explored.

The Committee on Medical Service proposed that the Council authorize this committee to proceed with incorporation of a Mass. Medical Institute as a non-profit institution whose primary purposes would be to coordinate the activities of various organizations for the delivery of medical care by collecting and analyzing various available data, attempting to avoid duplication of costs, developing uniform terminology, and the like. The question of funding such a potentially costly endeavor caused expressions of anxiety on the part of many Councilors. Assurance via a substitute resolution with more flexibility than the originally enumerated purposes and less possible financial commitments led to approval of creating such an institute; however, the Council instructed the Committee to submit a plan in depth for approval at the former's next meeting.

The Committee on Mental Health's recommendation that the MMS approve the principle wherein all insurance programs, private and governmental, include psychiatric services on a par with all other medical services and to so notify

all concerned was adopted. At the urging of this same committee the Council voted to concur with the AMA's recently adopted resolution on the use of amphetamines and other stimulant drugs.

The Council voted to separate the Section on Ophthalmology and Otolaryngology into two separate and distinct sections each with its own respective officers.

The Committee on Tax Supported Medical Care rendered the following updating report on the subject of fees.

"In early June your committee began receiving complaints of reductions in payments for Medicare services. This matter was referred to the carrier, Blue Shield, for clarification. Blue Shield responded to our inquiries and subsequently in a letter to all physicians, dated June 22, 1971, indicated that payments after July 1, 1971 would be based on charge data accumulated during calendar year 1970.

On June 24 the Rate Setting Commission adopted regulations for rates of payment to physicians for two classes of patients: (a) industrial accident patients (Workmen's Compensation) and (b) publicly-aided patients (Medicaid or public welfare). For (a) (industrial accident patients) the rates of payments for surgery, anesthesiology and radiology are essentially set at the 50th percentile level of usual and customary fees for 1969 and are effective as of August 1, 1971.

Medical fees for (a) (industrial accident patients) and medical fees for (b) (publicly-aided patients) are essentially set at the 50th percentile level of usual and customary fees for 1969.

All other fees for (b) (publicly-aided patients) — that is, surgery, anesthesiology and radiology, are based on Plan B Blue Shield Basic Benefit Schedule. The latter two categories, viz. (1) medical fees for industrial accident patients and medical fees for Medicaid patients and (2) surgical, anesthesiological and radiological fees for Medicaid patients were submitted by the Rate Setting Commission to HEW for approval



Are
You
Paying
Unnecessary
Taxes ?

**ATTENTION: Professional Corporations
and Self-Employed**

A Qualified Pension and/or Profit Sharing Plan will reduce your tax burden!

Who should invest your Pension or Profit Sharing Assets?

VALLEY BANK has the answer. Managing trusts is our business. Look at these statistics showing the trend toward the non-insured bank trustee approach:

	Insurance Plans	Non-insured Plans
	Reserves (in millions)	
1950	\$ 5,600	\$ 6,500
1955	11,300	17,100
1960	18,800	33,100
1965	27,300	58,100
1968	35,000	80,300

Remember: There are only two *variables* determining the ultimate accumulation for you and your employees. They are *expenses* and *investment return*. The lower the expenses and the greater the investment return, the greater the accumulation. VALLEY BANK offers you a cost-saving plan with professional investment management . . . and an opportunity to maximize your accumulations. The bank trustee approach is the superior method.

We welcome inquiries as to our investment abilities. Call —

ANDREW E. SKROBACK, JR., Trust Officer

Valley Bank and Trust Company

Springfield, Massachusetts

(413) 781-7575

and subsequently denied because of the wage-price freeze. The rationale for submitting "Medical fees for industrial accident patients" to HEW for approval remains a mystery.

On August 3, 1971 appeals were filed with the Rate Setting Commission by our attorneys on the grounds that the rates of payment are unfair, unreasonable, confiscatory and violate applicable federal and state statutes and regulations.

In the suit filed by Drs. Alfano and Flaherty in Suffolk Superior Court against the Rate Setting Commission and the Department of Public Welfare, the court on July 29, 1971 issued a decree which directed the Rate Setting Commission to hold hearings on rates to apply from July 1, 1970 to the date of the decree. The court, however, affirmed the position of the Rate Setting Commission for rates of payments for the

period September 12, 1968 to June 30, 1970. Our attorneys have filed a "Claim of Appeal" from the decree."

In addition, this same committee presented a resolution that the Mass. Blue Shield should use, and be urged to use, the 1971 Mass. Relative Value Study in all cases in which a relative value scale is used, and specifically in the determination of customary payments to physicians under Medicare. This resolution was adopted.

The Committee on Public Relations reported on the progress of its current program of public information and its future plans. To attain its objectives, a request was made for \$12,000 to finance the program through January of 1972. This sum was voted.

The Council meeting was adjourned at 4:00 P.M.

Ayres

FOR GOOD SERVICE

Spring Street Drug, Inc.
121 Spring Street
736-0351

Mall Drugs East
Eastfield Mall
543-3963

Mall Drugs
1511 Main Street
739-1128

FOR SCHOOL VACATION TRIPS CALL PENN TRAVEL AGENCY

70 Chestnut Street

Stonehaven Motor Inn

Free Parking — 781-6390 Or 734-8419



Dickinson-Streeter
Funeral Service

305 STATE ST., SPRINGFIELD, MASS.

RICHARD C. STREETER G. WALLACE STREETER
EARLE C. BRADLEY ALFRED J. GAY

Tassinari Bros.

Complete Library Binding Service

MEDICAL JOURNALS

and

FINE BOOKS

Bound In

CLOTH OR LEATHERS

102 Bridge Street West Springfield, Mass.
Tel. (413) 732-9830

We Offer Pick-up and Delivery Service



HIGHLIGHTS OF THE OCTOBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, October 19, 1971 in the Conference Room of HDMS. Dr. Bandeian, President, called the meeting to order at 8:10 P.M.

Present were Drs. Bandeian, Zacarian, Moore, Fisher, LaMarche, Goldberg, Turner, Verrilli, Sheehan, and Mrs. Purdy.

The minutes of the September meeting were read by Dr. Zacarian. One correction was made by adding a word, and then they were then accepted.

Dr. Bandeian asked Dr. Parenteau to give a report on the musical review. Dr. Parenteau hopes this show can be an annual affair. He hopes to stimulate para-medical personnel to work together. His intention is to have a meeting with presidents of various auxiliaries to explain the show. The money raised will be used for scholarships to para-medical

professions. Dr. Parenteau asked for a committee to be formed to handle the business end of the show. The Executive Committee unanimously voted support.

CORRESPONDENCE

Dr. Gephart acknowledged the change of Councilor from Dr. Leandre W. Giguere to Dr. Paul T. Moore.

OLD BUSINESS

Since Dr. Kelly, Chairman of the Blue Shield District Professional Service Committee, had not had a meeting and planned one for October 21, Blue Shield problems will be considered at the November meeting.

A report from Dr. Hirschhorn for the Insurance, Labor Relations, and Industrial Accidents Committee was read. This report will be in the next *Newsletter*.

A report of the Peer Review Committee was read as prepared by Dr.

52nd ANNIVERSARY YEAR

TOROS OMARTIAN & SON, INC.

We Buy and Sell

390 Bridge Street

ORIENTAL RUGS
Tel. 736-1531

Opp. the Kimball Towers

For Information or Reservations
for your Business or
Pleasure trip
contact:

WEIDNER TRAVEL BUREAU, Inc.

83 STATE STREET
SPRINGFIELD, MASS.

Telephone 781-0550

- **HOTEL NORTHAMPTON**
Your Pioneer Valley Home
- **WIGGINS TAVERN**
Authentic Colonial Tavern, Fine Foods
- **THE BAMBOO HUT**
Polynesian and Chinese Dining
- **WIGGINS COUNTRY STORE
& WEAVE SHOP**
Authentic in every detail

ALL UNDER ONE ROOF:
*The Schine Northampton Inn &
Wiggins Tavern*
NORTHAMPTON, MASSACHUSETTS
VISIT THE NEW

Casa Romano

AT SCHINE INN

the aristocrat of Italian Foods
EXIT 6 — MASS. TURNPIKE
CHICOPEE, MASS.

Stoler, Chairman. Dr. Stoler and his committee are to be commended for an excellent report. The Committee voted to refer the questions on page one to the Interhospital and Community Health Planning Committee. The Committee approved the report as a whole.

Dr. Bandeian stated that the HDMS should get moving on a Foundation for Medical Care as charged by the membership at the District Meeting. Dr. Bandeian is to appoint an ad hoc committee to study and bring in the "blue print" to the Executive Committee for approval.

It was noted that at the District Meeting on October 5, a lay person was sent to represent a physician. The Committee voted unanimously that no guests could attend a district meeting unless invited and approved by the Executive Committee.

Dr. Turner reported that a symposium on nuclear medicine could be held in Springfield if the medical society and the Academy of General Practice would give their approval. A motion was made to sponsor this program and after being seconded, was voted in the affirmative.

Mrs. Purdy read a report of the Public

Relations Committee for Dr. Gilchrist. Channel 22 is hoping to build a UHF station that could be used for sport programming. However, there would be nights when this station would not be in use and could be used by interested groups to program. The Committee voted approval and a letter will be sent to Mr. Robert Donahue of Channel 22.

Dr. Moore gave the financial report. Presently the balance is less than at this time last year. He gave names of the members who are delinquent. Certified letters will be sent out shortly to these members if dues are not paid.

The Executive Committee adjourned at 9:40 P.M.

The Grievance Committee met and heard several cases and adjourned at 10:00 P.M.

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
5 Fort St.—788-6628—Springfield

house of uniforms
PROFESSIONAL UNIFORMS FOR DOCTORS — DENTISTS — NURSES
HOLLYWOOD UNIFORM CENTER
118 (Lower) STATE STREET Tel. 734-4364

Landen-True

SPRINGFIELD JEWELERS FOR OVER A CENTURY

1365 MAIN STREET

BRIGHAM BUILDING



COMBINED MEETING of the Springfield Academy of Medicine and Hampden District Medical Society

- TIME: Tuesday, December 7, 1971
Business Meetings at 6:00 P.M. followed by
Social Hour at 7:00 P.M.
*Dinner at 7:30 P.M. (Courtesy for members of Hampden)
- PLACE: Valle's Steak House
77 West Street, Springfield
Near North End Bridge
- SPEAKER: Mr. William M. Cohan
Staff Associate
Department of Insurance & Practice Management
American Medical Association
- TOPIC: "Foundations for Medical Care"

YOUR PRESENCE IS URGENTLY REQUESTED

Charles Atamian M.D.

Charles Atamian, M.D., Secretary, SAM

Setrag A. Zacarian M.D.

Setrag A. Zacarian, M.D., Secretary, HDMS

* If you must cancel your dinner reservation, please do so before
noon on December 7, 1971.

HAMPDEN CAPSULES

In the *Agawam Independent* — “Drug Abuse and The Concerned Citizen” by Dr. H. Thomas Ballantine, Jr., President of the Massachusetts Medical Society.

Dr. Howard N. Simpson, Vice President and Medical Director of Monarch Life Insurance Company has been named a member of the Board of Life Insurance Medicine.

Dr. Emil Ferris, Chicopee Drive Director for Leukemia Drive — helped to stuff envelopes for the drive.

Dr. James Allan to speak at the Trestle Club of Agawam and the Board of Directors of the Woman's Auxiliary of HDMS.

Inducted as new Fellows of the American College of Surgeons at the annual five day Clinical Congress — Dr. Kermit Kenler of Springfield and Dr. Caroline A. Centeno of Westfield.

Speakers at the Annual Meeting of the Massachusetts Association of Medical Assistants — Drs. Hirschhorn, Howard Turner, Howard Ledewitz, Howard Simpson and Mrs. Purdy.

To speak at the Greater Holyoke Unit of the American Cancer Society in cooperation with the Holyoke Hospital on Cancer and Smoking, Dr. Lorne C. Smith and Dr. David Hirsch.

Dr. Bandeian spoke at the President's Conference held in Framingham sponsored by the Massachusetts Medical Society. This meeting was well attended from all districts. Presidents, Vice Presidents, Presidents Elect, Secretaries and Treasurers attended this meeting. Dr. Bandeian spoke on “Foundations for Medical Care”.

Dr. Zacarian's quote in the *Daily Record* of Boston on skin cancer under Phyllis Batelle's column.

Mrs. Purdy spoke to the Woman's Auxiliary of the HDMS at the Public House on BAYPAC.

Dr. John Zadworny, Chairman of the Public Health Committee was on TV with “At Home With Kitty” during Community Health Week. He also spoke on WHYN, and radio WSPR on VD.

Snip!



Dip!



Compare!



Simple, accurate test for glycosuria

TES-TAPE®
URINE SUGAR ANALYSIS PAPER



Leadership in
Diabetes Research
for Half a Century

Additional information available upon request. Eli Lilly and Company, Indianapolis, Indiana 46206

000172

MAN, LET'S PLAN

To the Editor:

Dr. Stevens' article, "Physicians, Let's Heal Ourselves", appearing in the September, 1971 *Hippocrat* is certainly worthy of note and emphasis. In the article, Dr. Stevens calls for the cooperative development of a plan for cancer care and management "which will best utilize existing personnel and equipment with a minimum of patient discomfort and dislocation . . . which will prevent needless duplication and expense."

In a very few words, Dr. Stevens has expressed one of the prime reasons for and purposes of health planning. Furthermore, to the extent that planning *with* the professionals most affected can be successful, there is reason to believe that the planning will be better received and the product of the process better able to be implemented.

In line with the recommendations contained in the report of the Western Massachusetts Health Planning Council's Radiotherapy Review Committee, issued in March of 1971, the WMHPC will continue to work toward the goals outlined by Dr. Stevens. We hope that his call to his physician colleagues will be answered in like manner.

Sincerely yours,
W. Grant Heggie, Jr.
Executive Director

Western Mass. Health Planning Council

KING'S PHARMACY

Ethel K. King, Manager

117 Main Street
Chicopee Falls—592-1651

CLASS 2 DRUGS

To the Editor:

Now that the Department of Justice has taken over from the Department of Treasury, the lot of the prescribing physician has been made much easier. To go one step further, it is now legal for the physician, in an emergency, to phone the pharmacist and order Class 2 substances and know that the pharmacist will not attempt to inform the physician that Class 2 drugs cannot be prescribed over the phone. It is entirely legal! Just one or two small things must not be overlooked. The amount of the item is limited to the amount adequate to treat the patient during the emergency period. Prescribing or dispensing beyond the emergency period must be pursuant to a written prescription.

After taking the phoned prescription, the pharmacist must immediately reduce to writing the entire details except for the physician's signature and said written prescription shall then be kept to be attached to the written prescription the physician must send to the pharmacist. It is incumbent on the part of the physician to have delivered to the pharmacist a written copy of the phoned prescription and to mark upon its face, "authorization for emergency dispensing." This may be delivered in person but, if by mail, the postmark must be no later than a 72 hour period after the emergency prescription was authorized by phone.

If not delivered within this period, the pharmacist is ordered by the new regulation to report the failure to so perform on the part of the physician to the nearest office of the Bureau of Narcotic and Dangerous Drugs. If the pharmacist fails to notify as here outlined, his privilege to fill emergency prescriptions of this type is subject to revocation.

Sincerely,

Jerry Steinberg
Secretary,
Springfield Druggists Assoc.

LIST OF ADVERTISERS

Below is a list of our advertisers for 1971. In your contacts please tell these people how much we appreciate their support.

Belmont Laundry
Lester L. Burdick, Inc.
Byron's Funeral Home, Inc.
Carroll Travel Bureau
Central Travel Bureau
Chez Josef
Corliss Adjustment Bureau, Inc.
Credit Bureau, Inc.
Curran-Jones, Inc., Funeral Home
Dale Bros. Laundry
Dickinson-Streeter Co., Funeral Home
Dunlop Florist
East Longmeadow Nursing Home, Inc.
Endo Laboratories
Field, Eddy & Bulkley
First Bank
First Federal Savings & Loan Assoc.
Forest Park Ambulance Service
Gold Cross Ambulance & Oxygen Service
Hafey's Funeral Service
Hampden Savings Bank
Harrell's Funeral Home
Harris Pharmacy
Henderson Funeral Home
Henderson Shoes
Highpoint Motor Inn
Hoffman-La Roche
Hollywood Uniform Center
Jaycox Restaurant
King's Drug Store
Landen-True, Jewelers
Lilly, Eli and Co.

Log Cabin Restaurant
Mascaro's Florist
McCarthy Funeral Home
Medical Equipment Unlimited
Merit Pharmacal Co.
Norman's Pharmacy
O'Donnell, Edward F. Funeral Home, Inc.
Old Storowton Tavern
Omarian, Toros & Son, Inc.
Penn Travel Agency
Picot's Place
Pomeroy-Williams Co.
Professional Pharmacy
Ratell Funeral Home
Reid, A. R., Inc.
Roche Clinical Laboratories
Sampson, T. P. Co.
Schine Inn
Smith, Kline & French Laboratories
Spring St. Drug
M. Steinert & Sons
E. R. Squibb & Sons
Stuart Pharmaceuticals
Student Prince Restaurant
Tassinari Bros.
Third National Bank of Hampden County
Thompson Laboratories
Valley Bank
Weidner Travel Bureau, Inc.
Willow Glen House
W. F. Young, Inc.
Yankee Pedlar



Dine in Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE **LOG CABIN**

**Easthampton Road, Route 141
HOLYOKE
536-7700**

Henderson Shoes

R Prescription Footwear
is our Business!
Put Your Patients In Our Shoes

— WE CARRY —

1. Thomas Heels
2. Straight Last
3. Out Flare Shoes
4. Tarso Shoes
5. Depth Inlay Shoes
6. Denis Browne Splints

SUBURBAN ENFIELD MALL
EXIT 190 EAST OFF RT. 91

Open Daily 10 a.m. - 9 p.m. — Sat. til 6
(203) 745-9998



EAST LONGMEADOW NURSING HOME

Ultra modern, resortlike, convalescent and nursing home overlooking Franconia Golf Course.

Fine staff of registered nurses, 24 hours on duty.

Most generous amounts of interior and exterior space for that "great to be alive feeling," winter or summer.

What! You still don't have an "umbrella" policy?

You should. As a doctor you are a member of a profession whose members are highly susceptible to high damage claims and resulting large jury awards.

A low cost "umbrella" policy can add \$1,000,000 or more to the limits of your existing policies. It will also give you wider coverage on many personal injury and property damage hazards not covered by your Automobile, Homeowners, Personal Liability and Professional Liability policies.

Every well-to-do person should have this protection. For complete details call one of the specialists. The insurance specialists at FE & B.

FE&B

FIELD, EDDY and BULKLEY
Insurance

L. C. Goldthwaite, Donald Hartford, Henry Hanmer, Kenneth Goddard, Robert Hussey

1200 Main Street, Springfield, Massachusetts Telephone 733-3131

what?

You still don't have a regular
savings account that
earns

**DAILY INTEREST
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY**

REGULAR
SAVINGS
ACCOUNTS

SIMPLE ANNUAL RATE

5.25%

COMPOUNDED ANNUAL RATE

5.39%



**HAMPDEN
SAVINGS BANK**

19 Harrison Avenue • Springfield, Mass. 01101

"FIRST IN PERSONALIZED SERVICE SINCE 1907"

NEW!!

**Complete Linen Rental Service
for Doctors & Nursing Homes**

FREE PICKUP

&

DELIVERY SERVICE

Blankets
Wash Rugs
Hand Ironing
a Specialty

Belmont Laundry
and CUSTOM  **dry CLEANERS**

Fur Cleaning
And Storage
Mothproofing

"MAKE ONE CALL DO IT ALL"

**AMPLE PARKING
333 BELMONT AVE.,
SPRINGFIELD**

736-3615

DOCTOR!

**OUR COLLECTION SERVICE IS THE RIGHT
PRESCRIPTION
FOR YOUR DELINQUENT ACCOUNTS**

we have served "The Business Side of Medicine" for over a quarter of a century

CORLISS ADJUSTMENT BUREAU, Inc.

293 Bridge Street Springfield, Mass. 01103

call our Medical Division, 739-7346

